CUSTOMER APPLICATION FORM FOR USE OF CYLINDERS



Please complete all fields marked *

| surname * (person responsible for ordering supplies) fir | | | | | | firs | first name * | | | | | | | | | | | | | | | | |
|--|--|---------|----------|--------|---------|-------|--------------|---------|----------|--------|-------|------|------|-------|------|----------|----------|----|----------|---|----------|-------|-----|
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| company r | name * | 1 1 | | - | | 1 | 1 | 1 | <u> </u> | 1 | | | | 1 | | | | _ | 1 | 1 | | l . | |
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| company r | egistratio | num | ber * | , | | | <u> </u> | 1 | | | | | | | | | | | <u> </u> | 1 | | | |
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| address * | 1 1 | | ı | 1 | 1 | ı | 1 | ı | | ı | | | | 1 | 1 | 1 | | | ı | ı | ı | | |
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| town/city * | | | | | | | | | | co | unty | * | | l | I | I | | | | | | | |
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| mobile * | | | | | | | <u> </u> | | 1 | lan | dline | tele | pho | ne * | | | <u> </u> | | | | | | |
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| email * | | I I | | 1 | ı | ı | 1 | 1 | ı | | | | | 1 | | | ı | ı | 1 | ı | 1 | ı | ı |
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| electronic | correspon | dence | e * | | | | | | | | | | | | | | | | | | | | |
| electronic correspondence * I wish to receive invoices and statements electronically via email? YES NO | | | | | | | | 0 | П | | | | | | | | | | | | | | |
| The last the same and | | | | | | | | | | | | | | | | | | | | | | | |
| * Initials to agree I/we confirm receipt of starter pack containing SAFETY DATA SHEETS on the gases received and | | | | | | | | | ree | | | | | | | | | | | | | | |
| other safety, handling and transport information. | | | | | | | | | | | | | | | | | | | | | | | |
| In taking cylinders from Irish Oxygen Company Ltd, or through any agent of theirs, I/we have read and agree to be * initials to agr | | | | | | | | | ree | | | | | | | | | | | | | | |
| bound by their conditions of sale and I/we will not give, loan, rent, sell or otherwise dispose of any cylinders issued to me/us, which remain the property of Irish Oxygen. | | | | | | | | | | | | | | | | | | | | | | | |
| I/we agree to keep the cylinders in good condition and will be responsible for any damage caused to them or by * initials to agree | | | | | | | | ree | | | | | | | | | | | | | | | |
| their use. I/we will return all cylinders to Irish Oxygen Company Ltd at my/our own expense immediately they are | | | | | | | | | | | | | | | | | | | | | | | |
| - ' ' | empty or should I/we cease to use them, but in any case within 12 months of the date of issue. * initials to agree | | | | | | | | | ree | | | | | | | | | | | | | |
| terms of the European Communities (Late Payment in Commercial Transactions) Regulations SI580 of 2012 and | | | | | | | | o to ag | ,,,,, | | | | | | | | | | | | | | |
| I/we agree to pay interest and compensation on any late payments as set out by these regulations. | | | | | | | | | | | | | | | | | | | | | | | |
| | * initials to agre Irish Oxygen complies with EU General Data Protection Regulations and business data is held on customers. An individual is entitled to review his/her data and have it corrected or removed as appropriate. | | | | | | | | | ree | | | | | | | | | | | | | |
| An individua | al is entitled | d to re | view | his/he | er data | and h | ave it | corre | ected | or rei | nove | d as | аррі | opria | te. | | | | | | | | |
| | - TO DE | | <i>-</i> | | | | | | | | | | -00 | | | <u> </u> | F | | | * | initials | to ag | ree |
| I AGREE | IORE | CEIV | VE (| טיינ | AIE | S AN | א טו | EIVI | IND | EKS | В | IVI | =55 | AG | EI | O IV | IY F | HC | NE | | | | |
| medicinal | nroducts * | | | | | | | | | | | | | | | | | | | | | | |
| Is the supply of medicinal gases required? | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, an additional form (FM.16) must be completed and submitted. | | | | | | | | | | | | | | | | | | | | | | | |
| customer's signature* | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | D | D | 1 | M | M | 1 | Υ | Υ | Υ | Υ | | | | | | | | |
| | | | | | | Custo | omer | | | | | | T | P | roce | ssed | bv | | | | 1 | | |
| | IRISH O | XYGE | N US | SE ON | ILY | Acco | | | | | | | | | | initia | | | | | | | |

SEPA DIRECT DEBIT MANDATE

| | (IRISHIOXYGEN | | | | | | | | | | | |
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| Unique Mandate Reference (UMR) to be completed by Irish Oxygen | | | | | | | | | | | | |
| By signing this mandate form, you authorise (A) Irish Oxygen Company Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Oxygen Company Ltd. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. | | | | | | | | | | | | |
| Please complete all fields marked * debtor name * | | | | | | | | | | | | |
| debtor name * | | | | | | | | | | | | |
| debtor address | | | | | | | | | | | | |
| city | | | | | | | | | | | | |
| post code | country | | | | | | | | | | | |
| debtor account number – IBAN * | | | | | | | | | | | | |
| | Don't know your IBAN/BIC? 1. Leave this space blank 2. Write your bank account & sort code numbers overleaf 3. We will get your IBAN/BIC | | | | | | | | | | | |
| reditor name Irish Oxygen Company Ltd. | reditor identifier IE84SDD300190 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Waterfall Road | | | | | | | | | | | | |
| city | | | | | | | | | | | | |
| Cork | | | | | | | | | | | | |
| n/a | Ireland | | | | | | | | | | | |
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| recurrent payment or one-off payment 🗵 | | | | | | | | | | | | |
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| D D M M M Y Y Y Y Y Y Y | | | | | | | | | | | | |
| signature(s) * | | | | | | | | | | | | |
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Please return this mandate to Irish Oxygen Company Ltd, Waterfall Road, Cork, Ireland.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

AFRM_CUS02_1094 Irish Oxygen Company Ltd